

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
ROANOKE DIVISION**

Orlando Pelzer
Plaintiff,

vs.

Civil Action No. 7:11-cv-00111

John Garman/Regional Director
Daniel A. Braxton/Warden Of A.C.C.
Alene Meadows/RNCB Of A.C.C.
Judy Roach/RN Of A.C.C.
Defendant(s).

VERIFIED STATEMENT

I, the plaintiff in this action, have been advised of the requirements regarding exhaustion of administrative remedies as outlined in 42 USC § 1997e and now submits this verified statement.

(Choose only one):

***** I have exhausted my administrative remedies as to each of the claims raised in my complaint by appealing my claims to the highest available level of the administrative remedies procedures. *Copies of the record of the proceedings are attached to this statement.*

 I have attempted to exhaust my administrative remedies but my grievance was rejected as untimely. I have appealed that determination to the highest level available. *I have attached documentation verifying my attempts to exhaust administrative remedies.*

 There are no administrative remedies available to me at this time, either because the issue(s) I raise is nongrievable, or because there is no grievance procedure at the correctional facility at which I am confined. *I have attached documentation verifying my attempts to exhaust administrative remedies.*

 This cause of action arose at _____, and I am now being housed at another facility, _____. Therefore, I do not believe I have administrative remedies available at this time.

I affirm that I am the plaintiff in this action and I know the content of the above statement; that it is true of my own knowledge, except as to those matters that are stated in it based on my own information and belief; and to those matters, I also believe them to be true. I declare under penalty of perjury that the foregoing is true and correct.

11-04-10
DATE

Orlando Pelzer
SIGNATURE OF AFFIANT

Exhibit No: 1

Exhausted Grievance Remedies

Statement of facts: Grievance # ACC-10-RRB-00099 wasn't investigated like I requested. Because witnesses such as Nurse Richmond/LPN who signed an affidavit, and % Dzuba who called over to medical after seeing me carry my property in A/B housing and saw me bleeding, ^{were} willing to tell the truth about what happen, but not question.

Witnesses : • Nurse Richmond's Affidavit is: Exhibit No: 3

• % Dzuba said he would give his statement through subpoena, for job security reasons.

• % Lokey (younger brother) not investigator assistant, escorted me over to medical after court had cleared and Lt. Sampson had been contacted by my family members. (Same as % Dzuba's reason as to why I don't have a copy of statement.)



VIRGINIA DEPARTMENT OF CORRECTIONS

866.1 A-7

DOC Location: Central Office,

Administration

Report Generated by Ray, Howard

Report run on 1/18/2011 at 11:12 AM

Offender Grievance Response - Level II

Offender Name	DOC#	Location	Grievance Number
Pelzer, Orlando	1184761	Current Augusta Correctional Center	ACC-10-REG-00099
Housing		Filed Augusta Correctional Center	
D-2-57-B		Appeal to Address	

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

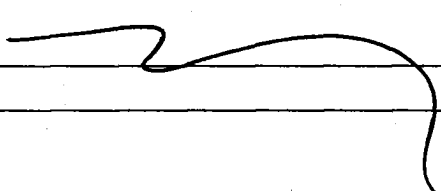
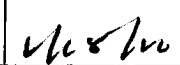
LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that the nurse did not provide you with a cart to move excess property to your housing unit until after you started lifting the property. You state this put your health in danger. You want this matter investigated.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. After reviewing the information from Nurse Meadows, you were medically discharged from the infirmary and provided with a cart for your property. This issue is governed by **OP 720.1**.

If you continue to experience health issues, please resubmit a sick call request for further evaluation of your medical needs. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

Level II is the last level of appeal for this grievance

	
	Date



Offender Grievance Response - Level I

Offender Name	DOC#	Location	Grievance Number
Pelzer, Orlando	1184761	Current Augusta Correctional Center	ACC-10-REG-00099
Housing		Filed Augusta Correctional Center	
D-2-57-B			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

In your grievance you state that on your informal dated 11-23-10 Ms. Meadows is trying to help cover up the medical malpractice actions of Nurse Roach by saying you were given a cart to move excessive pounds of property to your housing unit. You had already lifted the excessive pounds of property from the infirmary to medical waiting area and stopped because of stinging and burning sensation and told Ms. Roach in front of the officer in which you started to argue. The officer then told you to calm down and stop arguing and sent the medical worker to get the cart which you had to load and take off at the housing unit. You would like this matter to be investigated because your health was put in danger. You are referring to your internal organs which are at risk with an infection because of this.

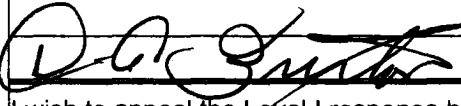
Your informal attempt to resolve this matter is attached to this grievance.

Ms. Meadows states the you have remained ambulatory. Your hernia repair is intact by all accounts. Nurse Roach discharged you from the infirmary. You were also supplied with a cart to move your property. Your complaint is noted however there was nothing found to support your allegations that Ms. Meadows is trying to cover up any medical malpractice or that Nurse Roach violated any policy or procedure.

Based on the above information your grievance is deemed UNFOUNDED.

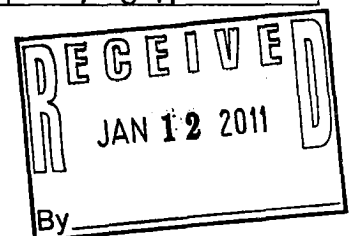
If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services
PO Box: 26963
Richmond, VA 23261-6963

 Date 1/7/11

I wish to appeal the Level I response because: *I would like to exhaust my Level II remedy at the Regional Director Level, who relies on the remarks by Level I, and discounts prisoners remarks and substance of ones complaints so I can further appeal to the courts, because an investigation of my complaints was not done here at A.C.C.*

Offender Signature *Orlando Pelzer* Date 1-8-11





REGULAR GRIEVANCE

Log Number: ACC10 Reg 00099

PELZER	ORLANDO	1184761	D2	57-B
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint or other documentation of informal process.) I allege and contend that Int. Complaint #150-10-inf-02637 responded too by Ms. Meadows RNCB on 11-23-10 is trying to help cover up the medical malpractice actions of Ms. Boach LPN by saying I was given a cart to move excessive pounds of property to my housing unit. I had already lifted the excessive pounds of property from the infirmary to medical waiting area and stopped because of stinging and burning sensation and told Ms. Boach LPN in front of Yo in which we started to argue. The Yo then told me to calm down stop arguing and sent the medical worker to get the cart which I had to load and ~~off~~ then off load at housing unit myself. So the cart being given to me after the fact of me lifting lbs of property is not relevant to my complaint, just an answer given to try and cover up the truth.

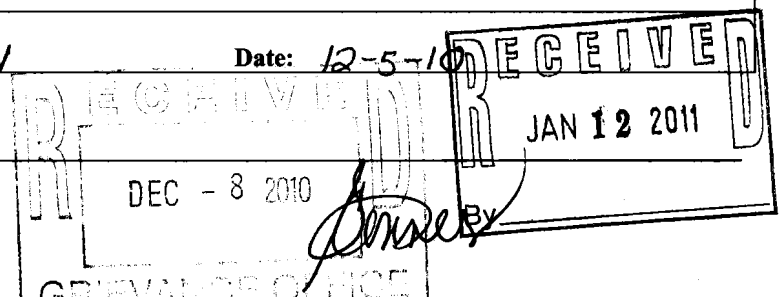
What action do you want taken? I would like this matter investigated because my health was put in danger and when I say health I mean life. because my internal organs are at risk right this moment with an infection because of said issue.

Grievant's Signature: Orlando Pelzer - 1184761

Date: 12-5-10

Warden/Superintendent's Office: _____

Date Received: _____





NOV - 9 2010

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

ORLANDO PELZER

Offender Name

1184761

Offender Number

D2 61 T

Housing Assignment

☐ Unit Manager/Supervisor

☐ Personal Property

☐ Medical Administrator

☐ Food Service

☐ Commissary

☒ Other (Please Specify): Warden D. Baaxton

☐ Treatment Program Supervisor

☐ Mailroom

Briefly explain the nature of your complaint (be specific):

I alledge and contend that on Sept 4, 2010 after first having undergone hernia repair, I was released from A.C. Medical ward and told by Ms Roach LPN (License Practical Nurse Practitioner), to lift excessive pounds of property to my unit. I submitted an informal Complaint that evening and to date have not received my pink copy OR response to the matter.

Offender Signature Orlando Pelzer - 1184761

Date 11-5-10

Offenders - Do Not Write Below This Line

Date Received: 11/8/2010

Tracking # 150-10-inf-02637

Response Due: 11/23/2010

Assigned to: medical

Action Taken/Response:

Ms Roach discharged Client from infirmary.
Offender supplied w/ cart to move property.

Respondent Signature

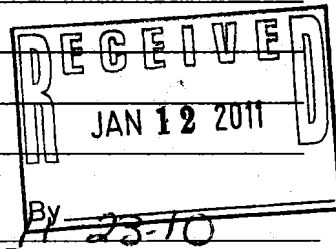
Printed Name and Title

Date

Original - Offender

First Copy - File

Second Copy - Offender as Intake Receipt





VIRGINIA DEPARTMENT OF CORRECTIONS

866.1 A-7

DOC Location: Central Office,

Administration

Report Generated by Ray, Howard

Report run on 1/18/2011 at 10:45 AM

Offender Grievance Response - Level II

Offender Name	DOC#	Location	Grievance Number
Pelzer, Orlando	1184761	Current Augusta Correctional Center	ACC-10-REG-00033
Housing		Filed Augusta Correctional Center	
D-2-57-B		Appeal to Address	

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

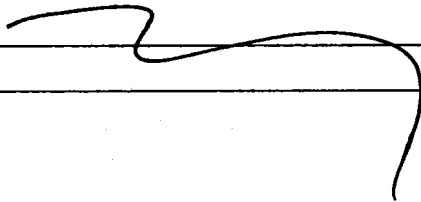
LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that the nurse attended to other offenders on 11/02/10 before attending to your medical condition. You want the nurse terminated because you were first in line.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. After reviewing the information from Nurse Meadows, you were provided medical attention by the nurse on 11/02/10 at the time that was determined to be appropriate by her. This issue is governed by **OP 720.1**.

If you continue to experience health issues, please resubmit a sick call request for further evaluation of your medical needs. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

Level II is the last level of appeal for this grievance

	1/18/11
	Date



VIRGINIA DEPARTMENT OF CORRECTIONS

866.1 A-6

DOC Location: Augusta Correctional Center

Offender Grievance Response - Level I

Report Generated by Puckett, Kristin
Report run on 1/5/2011 at 9:26 AM

Offender Name	DOC#	Location	Grievance Number
Pelzer, Orlando	1184761	Current Augusta Correctional Center	ACC-10-REG-00033
Housing		Filed Augusta Correctional Center	
D-2-57-B			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

In your grievance you state that Ms. Roach, LPN, attended to other inmates in the waiting room on November 2, 2010 at 6:30pm before seeing to your incision cleaning treatment.

Your informal attempt to resolve this matter is attached.

According to Ms. Meadows, RNCB, you were seen on November 2, 2010. Due to the nature of your dressing of the incision wound, other offenders were seen ahead of you. You were not denied access to health services. A call to Dr. Marsh was put in after the visit on the above mentioned date.

Based on the above information your grievance is deemed UNFOUNDED:

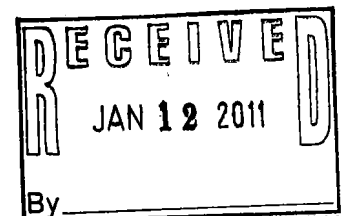
If you are dissatisfied with the Level 1 response you may appeal within 5 calendar days to:
Health Services Director Unit, P.O. Box Office Box 26963, Richmond, VA 23261-6963.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:
Health Services
PO Box: 26963
Richmond, VA 23261-6963

<i>D.S. for</i> <i>R.O. Braxton</i>	Date <i>1/5/11</i>
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I wish to appeal the Level I response because: *I would like to exhaust my Level II remedy at the Regional Director Level, who relies on the remarks by Level I, and discounts prisoners remarks and substance of ones complaints so I can further appeal to the courts, because an investigation of my complaints was not done here at A.C.C.*

Offender Signature <i>Orlando Pelzer</i>	Date <i>1-8-11</i>
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REGULAR GRIEVANCE

Log Number: ACC10Reg00033

Med
12/8

<u>PELZER</u>	<u>ORLANDO</u>	<u>1184761</u>	<u>D2</u>	<u>61 T</u>
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint or other documentation of informal process.) I alledge and contend that on 11-2-10 I come to Medical Dept. for my 6:30 p.m. incision cleaning treatment when Ms. Roach LPN, after an inmate was taken to org. made me wait after she treated two other inmates. I was in the medical waiting area before any other inmate and Ms. Roach LPN saw me in the waiting area alone. After the other inmates come in Officer Burton ask Ms. Roach LPN if she wanted to see me (O. Pelzer) first she ask who else is out there now and Officer Burton told her the inmates names and she then said send them in first. Ms. Roach LPN continues to show ^{and} ~~her~~ bias be bias towards me for waiting her up.

What action do you want taken? I alledge and contend that Ms. Meadows RNCB, respondent to the attached Inf. Complaint tracking # 150-10-Inf-02604 be terminated due to her bias and prejudice, along with Ms. Roach LPN toward me, as the complaint shows I was first in the waiting area. Further more this matter be investigated to prevent future action of bias and prejudice towards myself + other Afro-American inmates.

Grievant's Signature: <u>Orlando Pelzer - 1184761</u>	Date: <u>11-19-10</u>
Warden/Superintendent's Office: _____	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED NOV 23 2010 GRIEVANCE OFFICE </div> <div style="border: 2px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> RECEIVED JAN 12 2011 </div>
Date Received: _____	



Informal Complaint

NOV - 4 2010

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

PRIZER ORLANDO

1184761

D-10

Offender Name

Offender Number

Housing Assignment

☐ Unit Manager/Supervisor

☐ Food Service

☐ Treatment Program Supervisor

☐ Personal Property

☐ Commissary

☐ Mailroom

☒ Medical Administrator

☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific):

On 11-2-10 I came to medical Dept. for my 6:30 p.m. incision cleaning treatment when nurse Boach after an inmate was taken to seg. made me wait after she treated two other inmates that came in after me to treat me. I was in the medical waiting area before any other inmate and she still made me wait last. Officer Burton ask if she wanted to see me first because she (Nurse Boach) saw me come in and sit down before anyone else. Nurse Boach told him to send in the other inmate.

Offender Signature Orlando Prizer 1184761 Date 11-2-10

Offenders - Do Not Write Below This Line

Date Received: 11/3/10

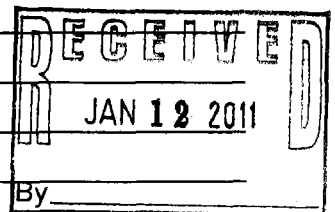
Tracking # 15010 DTF02604

Response Due: 11/18/10

Assigned to: Medical

Action Taken/Response:

Due to Block Movement - Clients are not scheduled by appt but by Block - There is no set order for being seen



Ameadows RNCB

Respondent Signature

Printed Name and Title

11-11-10
Date

Original - Offender

First Copy - File

Second Copy - Offender as Intake Receipt



VIRGINIA DEPARTMENT OF CORRECTIONS

866.1 A-7

DOC Location: Central Office,
AdministrationOffender Grievance Response - Level
II

Report Generated by Ray, Howard

Report run on 1/18/2011 at 10:59 AM

Offender Name	DOC#	Location	Grievance Number
Pelzer, Orlando	1184761	Current Augusta Correctional Center	ACC-10-REG-00041
Housing		Filed Augusta Correctional Center	
D-2-57-B		Appeal to Address	

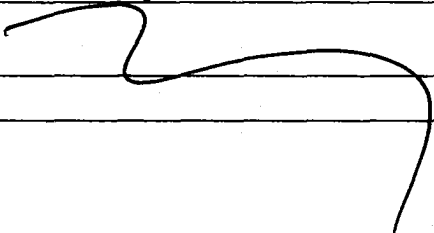
LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR
OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)**LEVEL II HEALTH SERVICES DIRECTOR:**

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you requested a bottom bunk on 11/05/10. You were told you have no medical restrictions. You want this matter investigated.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. After reviewing the information from Nurse Meadows, you were noted to have neither medical restrictions, nor an order for a bottom bunk on 11/05/10. This issue is governed by **OP 720.1**.

If you continue to experience health issues, please resubmit a sick call request for further evaluation of your medical needs. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

Level II is the last level of appeal for this grievance

	1/18/11
	Date



Offender Grievance Response - Level I

Offender Name	DOC#	Location	Grievance Number
Pelzer, Orlando	1184761	Current Augusta Correctional Center	ACC-10-REG-00041
Housing		Filed Augusta Correctional Center	
D-2-57-B			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

In your grievance you state a request for bottom bunk status November 5, 2010 due to a hernia repair surgery.

Your informal attempt to resolve this matter is attached.

According to Ms. Meadows, RNCB, there are no medical restrictions for a superficial wound of this size. Diagnostics revealed that Offender Pelzer was healed from the surgery in August and should not require special bunking. Bottom bunk status not ordered until November 16, 2010 after November 11, 2010 answer. Offender Pelzer was released to work on November 24, 2010.

Based on the above information your grievance is deemed UNFOUNDED:

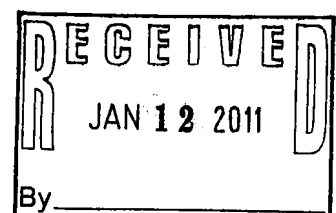
If you are dissatisfied with the Level 1 response you may appeal within 5 calendar days to:
Health Services Director Unit, P.O. Box Office Box 26963, Richmond, VA 23261-6963.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:
Health Services
PO Box: 26963
Richmond, VA 23261-6963

<i>DA Branton</i>	Date <i>1/5/11</i>
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I wish to appeal the Level I response because: *I would like to exhaust my Level II remedy at the Regional Director Level, who relies on remarks by Level I and discounts prisoners remarks, and substance of one's complaints so I can further appeal to the courts, because an investigation of my complaint was not done at A.C.C.*

Offender Signature <i>Orlando Pelzer</i>	Date <i>1-8-11</i>
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REGULAR GRIEVANCE

Log Number ACC 10 Reg 00044

<u>PELZER</u>	<u>ORLANDO</u>	<u>1184761</u>	<u>D2</u>	<u>61 T</u>
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint or other documentation of informal process.) On 11-5-10 I ask Sgt. Concherry about being move to a cell downstairs that was open with a bottom bunk, because of restrictions of no lifting or climbing after undergoing hernia repair surgery. The Sgt. was told that I had no restrictions by Ms. Hepler that's over medical records. There is no way that I didn't have restrictions of lifting that could cause damage in repaired area if lifting excessive pounds, and climbing that could cause tearing in my incision from stretching to get on the top bunk where as my incision is not all the way closed yet due to complications. Dr. Marsh had restrictions noted in my file.

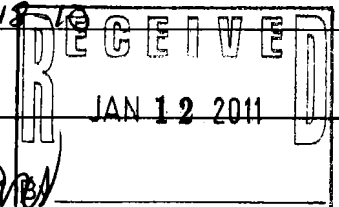
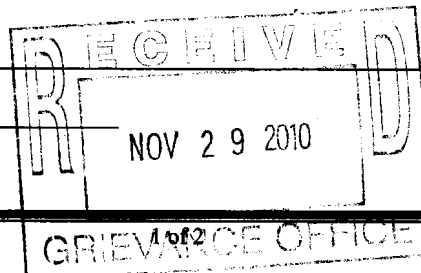
What action do you want taken? I alledge and contend that Ms. Meadows R.N.C.B respondent to Informal Complaint tracking # 150-10-Inf-08639 be investigated for deliberately putting false information in her response saying I have no restrictions. In which because of her bias actions, ^{she} further put me in harms way, so upon investigation of this matter and her statement is found fake I ask the she be terminated.

Grievant's Signature: Orlando Pelzer -1184761

Date: 11-18-10

Warden/Superintendent's Office: _____

Date Received: _____





Informal Complaint

NOV - 9 2010

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

ORLANDO Peltzer

1184761

D2-61

- ☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

- ☐ Food Service
☐ Commissary
☒ Other (Please Specify):

- ☐ Treatment Program Supervisor
☐ Mailroom

Mrs. Conners / Grievance Supervisor

Briefly explain the nature of your complaint (be specific):

I've been out of the medical ward a week now on the top tier & the top bunk. So today after dealing with the pain all week, on 11-5-10 I ask Sgt. Coneberry about moving down stairs to an open cell that has a bottom bunk open but Sgt. Coneberry told me that Mrs. Helper told her I have no restrictions. I know I still have restrictions of no lifting and climbing but medical dept. continues to not give me proper treatment for my healing process. "time was around 10:30 A.M."

Offender Signature Orlando Peltzer

Date 11-5-10

Offenders - Do Not Write Below This Line

Date Received: 11/8/2010

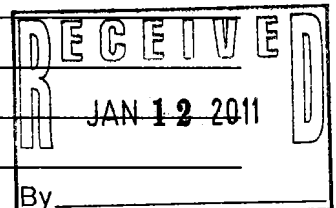
Tracking # 150-10-inf-0263

Response Due: 11/23/2010

Assigned to: medical

Action Taken/Response:

There are no medical restrictions for a wound (superficial) of this size. Diagnostics have revealed you are healed from your surgery in August and should not require special bunking.



Ameadows RCB

Respondent Signature

Printed Name and Title

11-11-10
Date

Original - Offender

First Copy - File

Second Copy - Offender as Intake Receipt

Exhibit No: 2

Facto 1: • Medical File from date of first surgery on Aug. 31, 2010 with restrictions of no heavy lifting noted nurse Puffenburger, see highlighted area - restrictions in yellow

* Note: Consultation sheet from UVA like shown in Exhibit No: 6 with all restrictions noted was removed from my file before given copies.

Facto 2: • Medical File report page 2 shows day discharged from medical by Nurse Roach which she said was per doctor Marsh. see highlighted area

Medical File report page 3 shows summarized report from Mrs. Richmond/~~Rich~~ after said incident had happen and my family members contacted Lt. Sampson (female) whose now Capt. Sampson like her husband. (After 5:30p.m. count) see highlighted

* Note: Dr. Marsh didn't know I was discharged because I was still taking Codine pills for pain. Notice Dr. Marsh signed off on statement ^{above} ~~sheet~~ 9-5-10 on page one ~~and~~ (Dr. Marsh's mark) not ~~and~~ discharge note written by Nurse Roach.

* Note: Inmate Accident/Injury Report would not be released for me to get a copy of, Ms. Meadows refused my request told me to get legal Counsel for a copy. (Date of report 9-5-10)



Facility: AUGUSTA CORRECTIONAL CENTER

Offender Name: PELZER ORLANDO Number: 118 4761
Last First

Date/Time	Complaint and Treatment	Signature and Title
8/22/10	stool occult	<i>[Signature]</i>
8/24/10 @ 9AM	Blood drawn for CBC, C7, LFT.	<i>[Signature]</i>
8/30/10	NPO midnite.	<i>[Signature]</i>
8/31/10	Report called to medical. vaginal brown, requires quin IV Toradol. 200mg Pantinol, 4mg difenhydrol and hydrocortisone per rectum 72° don't shower, incision don't bleed. mo wt. greater than 10 pounds from 6 weeks diets as tolerated, stool on clear liquids. lung not vented yet.	<i>[Signature]</i>
8/3/10 - 11PM	Inmate seen on rounds. T-102.2 S/P - hernia repair (R) P-82 asg dry & intact @ some R-16 edema. Inmate c/o of BP-128/64 pain requesting meds. O2-99% ↑ Temp 102.2 - Advised to 2 fluids - 8oz water & 8oz Codine 2 tabs. Cough deep breathing exercises 10 pills splint: c/o of feet feeling numb. Monitored april pumps R 1-2 hrs. Inmate to roll on sides using elbows. R dal pulses present, skin warm dry. P-to see Dr. Marsh by am + Noted 8/31/10 - <i>[Signature]</i>	<i>[Signature]</i>



Facility: AUGUSTA CORRECTIONAL CENTER

Offender Name:

Pelzer, Orlando

Number:

1184761

Last

First

Date/Time	Complaint and Treatment	Signature and Title
9/2/10 9pm	Whitening to remove lidocaine patch + shower - instructed that it was not 72 hrs yet. Questioned re bowel movements - still having trouble - 3 orders for Colace?	[Signature]
9/3/10	Colace 100mg Bid x 30	[Signature]
9/3/10 10am	Seen on pm rounds	[Signature]
9/3/10 - 10am	Inmate going to shower	
P - 71	C/o of all he signs on	
R - 16	Abdomen - from lidocaine	
BP - 124/70	Distal - given as he signs	
O2 - 98%	Removes c/o scratchy throat - Examined throat - No red areas or edema - (throat pink)	
	Lungs clear. Coughing up white sputum.	
	Given salt packets (3)	
	Instructed to gargle w/ warm salt water	[Signature]
9/4/10 98%	Supper Chest hurts / coughed instructed to get up walk	
9/5/10 1038	Placed outside for 1 hr	[Signature]
	improved. Discharged	
9/5/10	Removed beds - [Signature]	
4p	- Jackson will approach closed concealed - measured	



Facility: AUGUSTA CORRECTIONAL CENTER

Offender Name:

Pelzer, Orlando

Last

First

Number:

1184761

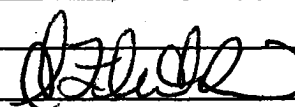
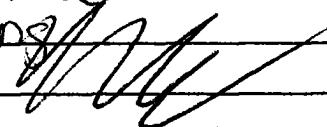
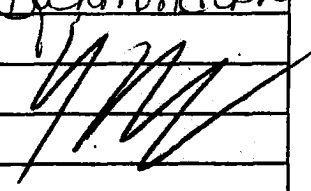
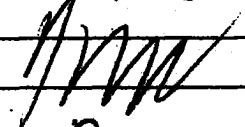
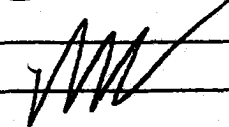
Date/Time	Complaint and Treatment	Signature and Title
9/5/10 (cont)	off work for 2 wk - Inst to sign up for sick call he cont to have problems for extension of work Excuse	
9/5/10 11 ¹⁵ pm	Call received from A-2 t/m % bleeding inision opening up - escorted over night and blood noted on towel - area open approx 1 3/4 to 2" long from umbilical area to @ side On Marsh contacted. Instructed to culture wound, do w/d drsg + send to UVA ER in Am for wound assessment + closure. Site cultured, w-d packing + drsg placed, assisted from lying position placed in inf tonite. Lt. Sampson aware he needs to go out in Am. - D. Richmond on	
9/6/10 10 ⁰⁰ AM NPO		
9/6/10 5 ¹⁵ AM	Spoke with Nurse Andrea At UVA ER Report given and advised of approx arrival time of 8 AM	
9/6/10 12 ³⁰	sent to hospital this AM to check wound, "burst open!" Taken to UVA to fix. Returning this pm	
9/6/10 7pm 984	Sitting in bed - states that he hasn't had BM since Wed - Rec. McCitale	
11/7/72 42	in ER c-o results not	

Exhibit No: 3

fact: Witness affidavit from Nurse Richmond with certified seal + stamp.

AFFIDAVIT

I Orlando Pelzer first being duly sworn states the following to be true:

- ① I am a prisoner to date here at Augusta Correctional Center and round about Sept. 4, 2010 estimated time 1:00 p.m., I was put out of the medical ward by Ms. Roach LPN after undergoing ② Ingril hernia repair surgery 4 days before and was demanded by Ms. Roach LPN to lift excessive lbs. of property and take back to housing which was totally against the restrictions set by Surgeon Carlos Tache-Leon at UVA. The lifting cause my incision to splitt back open.
- ② I Nancy A. Richmond ^{LPN} here at Augusta Correctional Center duly swear that I Nancy A. Richmond witness inmate Orlando Pelzer #1184761 taking property into A/B entry way and also treated and prep him for emergency run to UVA after his incision splitt

ORLANDO PELZER

Orlando Pelzer

AFFIDAVIT

STATE OF VIRGINIA

CITY/COUNTY OF

ACKNOWLEDGED BEFORE ME

THIS 29th DAY OF Jan YEAR 2011

NOTARY PUBLIC

MY COMMISSION EXPIRES:

7/31/2011

Exhibit No: 4

Report from LVA'S ER, after negligent act

Orlando Pelzer

(MR # 2217333)

Visit Information

Date 9/6/2010
Provider Pamela Ross, MD

Other Encounter Related Information[See Additional Detail](#)**ED Notes filed by Pamela Ross, MD at 09/25/10 1313**

Author: Pamela Ross, MD Service: (none) Author Type: Physician
Filed: 09/25/10 1313 Note 09/06/10 0808
Time:

Related Original Note by: Pamela Ross, MD filed at 09/09/10 1249

Notes:

Trans 801163400N-4 Trans Available
ID: Status:

University of Virginia Medical Center

Name: Pelzer, Orlando

DOB: 02/02/1977

Age: 33 years

Sex: Male

Nurse's Notes

MRN: 2217333

Account#: 8011634006

Arrival Date: 09/06/2010

Presentation:

09/06 Method of Arrival: Walk-In, nf

08:09

08:14 Acuity: Level 4. mar

Historical:

- Allergies: Tylenol("itchy");
- Home Meds:
 - 1. Ibuprofen Oral;
- PMHx: None;
- PSHx: Right inguinal hernia repair;
- Social History: The patient denies using alcohol, tobacco, street drugs.
- The history from nurses notes was reviewed: and I agree, and have included additional items.

Screening:

09:10 Abuse screen: Denies threats or abuse. Denies injuries from another. Social History The patient denies using alcohol, tobacco, street drugs. Fall Risk assessed. None identified. bg3

Assessment:

08:30 General: Appears in no acute distress, Alert uncomfortable, Behavior is cooperative, pleasant. Pain: Complains of pain in right bg3

lower quadrant Pain currently is 6 out of 10 on a pain scale.
Quality of pain is described as burning, Pain began 1 day ago is continuous. Neuro: oriented X3, moves all extremities. EENT: PERRLA, no drainage noted, no swelling or redness noted. Cardiovascular: Regular rate, pulses strong/equal, skin warm & dry. Respiratory: No resp distress, Normal breath sounds. GI: Bowel sounds present X 4 quads. Abdomen has rebound tenderness in

Name:Orlando Pelzer

MRN:2217333

Account#:8011634006

Page 1 of 4

University of Virginia Medical Center

Name: Pelzer, Orlando

DOB:02/02/1977

Age:33 years

Sex:Male

Nurse's Notes

MRN:2217333

Account#:8011634006

Arrival Date:09/06/2010

suprapubic area, right lower quadrant and left lower quadrant
Reports constipation, has not had a BM in 6 days. GU: Denies difficulty with urination. Derm: Skin horizontal incision RLQ. Approximately 4 inches long. Medial portion of incision open about 2cm in length. Reports Incision from hernia surgery he had last Tuesday has come open partially. Musculoskeletal: No evidence of trauma, non-tender, moves all extremities. Additional nurses notes: Pt. is a prisoner, 2 officers present.

09:13 Additional nurses notes: Taken to radiology for CT scan. bg3

11:43 Additional nurses notes: Surgical doctors at bedside with pt. bg3

Vital Signs:

09:10 BP 166 / 101; Pulse 59; Resp 18; Temp 36.2; Pulse Ox 99% on R/A; bg3
Pain 6/10;

ED Course:

08:08 Patient arrived in ED.

nf

08:14 Triage completed.

mar

08:14 Gullo, Jennifer, MD is PHCP.

kg2

08:43 Ross, Pamela, MD is Attending Physician.

par

08:48 Guydo, Beth is Primary Nurse.

bg3

08:48 CBC With Diff - Lav Tube Sent.

rs1

08:48 BMP - Light Green Tube Sent.

rs1

09:10 Inserted peripheral IV: 18 gauge in left antecubital area and blood bg3 collected.

09:10 Patient moved to radiology.

ktj

09:10 Patient has correct armband on for positive identification. Placed bg3 in gown. Bed in low position. Call light in reach. Side rails up X2. Adult w/ patient. Security at bedside. Belongings Inventory Not

removed. Valuables not removed.

09:11 Abdomen Acute: Sup, Uprt, & Pa Cxr In Process Unspecified.

EDMS

11:50 Surgery, Clinic is Referral Physician.

kg2

Name:Orlando Pelzer

MRN:2217333

Account#:8011634006

Page 2 of 4

University of Virginia Medical Center

Name: Pelzer, Orlando

DOB:02/02/1977

Age:33 years

Sex:Male

Nurse's Notes

MRN:2217333

Account#:8011634006

Arrival Date:09/06/2010

14:19 Consult attached to chart.

lb3

Administered Medications:

08:55 Drug: NS 0.9% 1000 mL; Route: IV; Rate: Bolus;

bg3

10:00 Follow up: IV Status: Completed infusion

bg3

08:55 Drug: FentaNYL (PF) 50 mcg; Route: IVP; Site: left antecubital;

bg3

11:42 Drug: oxyCODONE Tablet 5 mg; Route: PO;

bg3

11:42 Drug: oxyCODONE Tablet 5 mg; Route: PO;

bg3

11:42 Drug: Magnesium Citrate Liquid 300 mL; Route: PO;

bg3

Outcome:

11:50 Aware of vital signs, to follow up with PMD.

kg2

11:51 Discharge ordered by MD.

kg2

12:34 Discharged to Police custody. Condition: stable. Additional hours

bg3

of infusion: Not Applicable. Belongings/Valuables disposition: home

with patient. Discharge instructions given to patient, police,

Instructed on discharge instructions, follow up and referral plans.

medication usage, Importance of having a BM and taking appropriate

medications to facilitate. Instructions given to guards to provide

to infirmary. Demonstrated understanding of instructions,

medications, Prescriptions given X 2, Explained by Nursing.

12:37 Patient left the ED.

bg3

Signatures:

Dispatcher MedHost

EDMS

Ross, Pamela, MD

MD par

Jordan, Kurt

ktj

Ralph, Michael, RN

RN mar

Bragg, Leana

lb3

Snyder, Robin

rs1

Frazier, Nikki

Reg nf

Name:Orlando Pelzer
MRN:2217333
Account#:8011634006
Page 3 of 4
University of Virginia Medical Center
Name:Pelzer, Orlando
DOB:02/02/1977
Age:33 years
Sex:Male
Nurse's Notes
MRN:2217333
Account#:8011634006
Arrival Date:09/06/2010

Gullo, Jennifer, MD	MD jg2
Brill (704), Katie	kb7
Guydo, Beth, RN	RN bg3

Corrections: (The following items were deleted from the chart)
08:52 08:16 Allergies: No known drug Allergies; jg2 kb7

Home Medication: Ibuprofen Oral; Reason: ; Dose: unspecified
dosage; Last Dose: unspecified last dose taken;

Name:Orlando Pelzer
MRN:2217333
Account#:8011634006
Page 4 of 4

Encounter-Level Ambulatory Progress Notes - Scanned:

There are no encounter-level ambulatory progress notes - scanned.

Chart Review Routing History

No Routing History on File

Exhibit No: 5

Defamation of Character: Trying to insiot that I was caozy or delirious about the infection + non-healing of my incision after "negligent act"

Referral statement to Psychologist by R. Adkins-RN

&

Response from Psychologist T. Miller, MA

*** Notice Dates ***

highlighted

* I had a second surgery 20 days after this referral for an infection down in the inside of where I ~~split back open~~ ^{split back open}. Second surgery pre schedule in November. See exhibit 6 bottom of page 2

TM
M4-1

Augusta Correctional Center
Mental Health Services
Referral Form

RECEIVED

DEC 06 2010

PSYCHOLOGY DEPARTMENT

12-1-10

Date

D2-57

Housing Unit

Pelzer, Orlando

Inmate Name

1184761

Inmate Number

Reason for referral:

unrealistic perception of current condition -
Repeatedly claims internal organs are infected
+ damaged - (No diagnostic basis for claims)
Denies healing or progress -

Referred by: R. Adkins RN

Date: 12-1-10

Psychologist: T. Miller, MA

Date: 12-7-10

Action Taken: Offender goes to Medical (has a pass) for 12/2-12/31 to have his surgery wound washed out. The pass is signed by nurse Richmond. Offender states the wound is infected and he has been prescribed antibiotics. Offender stated that he talked to Dr. Mohr today and will be returning to MHA for surgery to clean out the infected wound. The offender is alert, cooperative and oriented. There is no evidence that the offender is experiencing any perceptual disturbances.

Exhibit No: 6

Fact: Assessment after visit of said incident cause by nurse
Roach and infection not cleared up by antibiotics.



0100000

ISO:
 PELZER, ORLANDO
 2217333 642 C B7S
 3153771971 11/22/10
 DOB: 02/02/1977 SEX: M
 PROV: TACHE-LEON CARLOS A

CONSENT FOR MEDICAL/SURGICAL PROCEDURES AND ADMINISTRATION OF ANESTHESIA OR SEDATION

A. CONSENT FOR PROCEDURE

1. I authorize Dr. Tache- Leon to perform the following procedure(s):

Incision and drainage of (R) groin wound.
Removal of foreign body

I understand that my doctor may need to perform other urgent procedures that were unanticipated. I consent to the performance of any additional procedures determined during my original procedure to be in my interests and where delay might cause additional harm.

I understand that my doctor may choose other qualified practitioners, including residents (doctors who have finished medical school and are getting more training), to do or help with procedures. These practitioners may perform significant surgical tasks including: opening and closing incisions, harvesting grafts, dissecting tissue, removing tissue, implanting devices, and altering tissues. All qualified practitioners will only perform tasks that are within their scopes of practice and for which they have been granted clinical privileges. Residents will only perform all or parts of the procedures under the supervision of my doctor.

2. I understand my diagnosis/condition to be: non-healing wound
3. I have been told about what results to expect, which includes information about the chances for the expected results and about problems that might occur during recuperation. I know that results cannot be guaranteed.
4. I have been told about and understand the risks and benefits of the procedure(s) listed above. I understand that there are risks for all kinds of surgery. These risks, which can be serious, include bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may result in paralysis, cardiac arrest, brain damage, and/or death. Other risks for this procedure may include:
- Bleeding, infection, need for repeat procedures
5. I understand the alternatives to the proposed procedure and the related risks to be:
- NO Surgery
6. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be present, providing consultation or performing checks on the equipment.
7. I understand that photographs and/or video or electronic recordings may occur during my procedure and may be used for internal performance improvement or educational purposes.
8. I understand that any tissues or parts removed during my procedure may be disposed of by the hospital or used for any lawful purpose including education and research.

(CONTINUED ON NEXT PAGE)

**CONSULTATION REPORT****PLEASE BILL TO ANTHEM****Remember to attach a copy of the offenders Immunization record**

Sending Facility:	Augusta Con. Cntr	Date:	11/22/10 @ 10:00 Am
Offender Name:	Orlando Pelyer	Offender #:	1184761
SS#:	249-51-1616	DOB:	2/2/77
T/D:			
Allergies:			
Current Medications:	See attached		
Referred By:	Dr. John Marsh	Referred To:	VVA - General Surg. Dr. Carlos Tache-Leon
Medical Complaint:	Abscess in wound S/P Hernia repair.		

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

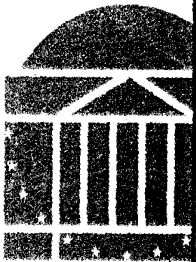
Findings:	(R) groin wound infection		
Lab or X-ray Results:			
Diagnosis:	(R) groin wound infection		
Treatment and Medications Recommended:	BID packing changes to wound site. Cont Abx if purulent drainage persists until Follow-up		
Restrictions:	no heavy lifting 7/15/65		
Consulting Physician:	Carlos Tache-Leon, MD	Date:	11/22/10
Follow-up appointment date and time:	Pt to return to operating room for Incision and Drainage		

of (R) groin wound in December, 2010. will contact this facility with specific date.

Revision Date: 1/17/07

Exhibit No: 7

Fact: Surgeon's Report after second surgery following the incident
with Nurse Roach. See highlighted area



SURGICAL ADMISSION SUITE

12/21/10

To whom it may concern:

Mr. Orlando Pelzer was treated at the University of Virginia today for a right groin wound infection at the site of a previous inguinal hernia repair. The wound was explored and a small infected draining tract was excised. The infection did not involve the hernia repair, which was left intact. One 1/4" penrose drain was sutured into the wound, which was then closed with non-absorbable sutures. Please change this dressing and clean the skin around the wound daily. We will remove the drain next week in our clinic. Mr. Pelzer received general anesthesia without complication. He can resume normal activities and diet.



Robert Smith

Exhibit No: 8

Fact: Nurse Meadows/RNEB abuse of her status as Head Nurse and endangering me for possible infection again by over ruling Dr. Marsh's referral of me returning to UVA right away for the premature removal of sutures by a student doctor the day before, which caused my incision to be laid open. (After second surgery)

Note: Medical File page 1 has Dr. Marsh MD at A.C.C. assessment + referral of my condition after returning from UVA the day before (12-27-2010) from getting drainage tube removed and all the sutures instead of just the removal of drainage tube. See highlighted area

Note: Medical File page 2 shows Ms. Meadows/RNEB guilt of her over-ruling Dr. Marsh's orders and not following protocol by what she wrote about the actions she took. See highlighted area

*See Informal complaint that wasn't accepted about the initial visit to Dr. Marsh and what happen after he left; The emergency grievance about me ~~not~~ not being sent back to the hospital(UVA); And the informal complaint of that, wasn't accepted about Ms. Meadows not deeming my emergency grievance an emergency. (All filed on 12-28-10)

*K. Ruckett OSA who use to work in medical organizing files, which is a friend to "Meadows" wouldn't accept complaint

See Exhibit 9



Facility: AUGUSTA CORRECTIONAL CENTER

Offender Name: PELZER ORLANDO Number: 1184761
Last First

Date/Time	Complaint and Treatment	Signature and Title
12/22/10 6 ³⁰	Dsg A completed - sutures intact area cleaned, drain open & intact dry dsg placed - double 4x4's + ABD pads used due to + drainage noted	N. Richmond
12/25/10 @	7PM wound care completed. Drain intact & mod serosanguinous drainage. Cleaned + redressed w/ sterile 4x4's + ABD pad	J. Spaulding
12/27/10 @	4 ⁴⁵ am sutured from Uva down round. Strip strip to incision dsg A BSD while still draining. Some strip drains on for 7 days. For out for day A.	Opul
12/17/10 1905	Offender in medical for dsg A. Small amount of light red drainage. Steri-strips in place. Applied 2 4x4 dsg sterile gauze pads & windowed to plastic 2" tape	Y. Baker, 72N
2-28-10 Am	dsg A - lt red drainage - Steri strips intact on middle to left of incision. (B) side of incision open (no steri strips or sutures). Dry dsg applied.	V. Haller
T978 p- 61 O2 100% sat BIP 142/91 TOMD appt.	Wound dsg apt back open apt 74 for 1/2 hr and pressure removal of sutures. Refer back to VHA reg. Noted V. Haller 12/28/10 9:30 AM off work X 2 wks 1-11-2011 pass. Noted V. Haller 12/28/10 8:30 AM	3pm



Facility: AUGUSTA CORRECTIONAL CENTER

Offender Name: Pelzer Orlando Number: 1184761
Last First

Date/Time	Complaint and Treatment	Signature and Title
12/25/10 1910	Offender in medical for lvsq A. Small amt of blood noted. 3 steri-strips moist & not holding. Reinforced w 3 new steri-strips, leaving @ end of wound where drain was open. Applied 2 4x4 dsg's & ABD for reinforcement. —	Y. Bates, RN
12-28-10 10 ^{AM}	Presents for lvsq A - mod amt bloody drainage on dsg - (drain noted - steri-strips in place over abd incision - Rt end of incision remains open (previous site of Percut. drain) - No specific complaints, but expresses disappointment that he is still having "problems" with incision - Says "I'm not going to say any more 'cause everything gets so twisted" - Also states "I do know they took my stitches out too early and that's why I'm busted open again". Quiet & cooperative —	Radkins RN —
12-28-10 430p	1/2m at front quit complaining of incision being gaped open and saturated dressing on. Complains that student doctor took his stitches & drain out too early and now he is open to infection. Area was changed earlier today by R Adkins RN & by D Heffenbarger RN - Continue	



Facility: AUGUSTA CORRECTIONAL CENTER

Offender Name:

Pelzer
Last

Orlando
First

Number: 1184761

Date/Time	Complaint and Treatment	Signature and Title
12/28/10	Continued - Call to WVA Surgery Clinic spoke to Dr Wiggins (on-call MD). Dr Wiggins reviewed notes of Offenders visit 12/27/10. Per Dr Wiggins offender is to leave Steri-strips in place as ordered. Dressing is to be changed 1-2 times a day while it is still draining. Advised offender of above. Offender insisted area was gaped open, etc. With LPN Puffenbarger looked at site on LQ approx 3" area intact with 4 steri strips. Farthest right corner is slightly parted with no active draining. Offender wanted to pull area apart to prove his point. Had to stress to inmate to leave area alone. Multiple folded 4x4 ^{Exempt} used to cover area.	AMMadaur RKB
1/1/11 AM	Offender to medical for drsg A. Steri-strips intact, no drainage noted. Applied 2 sterile 4x4's & ABD pad.	Y Bates, RN

Exhibit No. 9

Supporting Complaints

Original Copies of Informal Complaints not accepted by K. Puckett/OSA.

* Written copies made for other defendants.

K. Puckett Respondent to complaints. This shows what happens when you get incriminating evidence against staff that hurt inmates here. Friends, family, help cover up what happen.



Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

ORLANDO PELZER

1184761

D2-57B

Offender Name

Offender Number

Housing Assignment

☐ Unit Manager/Supervisor

☐ Food Service

☐ Treatment Program Supervisor

☐ Personal Property

☐ Commissary

☐ Mailroom

☐ Medical Administrator

☒ Other (Please Specify): Warden D. Braxton

Briefly explain the nature of your complaint (be specific):

Ms. Meadows in her attempts to be vindictive has gone against Dr. Marsh's ^{order} recommendation of sending me back to UVA to have my open bleeding wound resutured, because of a mistake of removing all of the sutures by a student doctor on 12-27-10. This is an ongoing issue with Ms. Meadows and some members of her staff refusing me the ^{proper} medical care. Nurses Pufferburger, Hall, Richmond, and Bates have all witness the condition of my wound and have knowledge of Dr. Marsh's ^{order} recommendation of me returning to UVA and noted it in my chart today on 12-28-10, but Ms. Meadows called UVA made some statements to who ever to prevent what Dr. Marsh MD deem necessary treatment. Ms. Meadows is totally out of protocol by doing so.

Offender Signature Orlando Pelzer - 1184761

Date 12-28-10

Offenders - Do Not Write Below This Line

Date Received: _____

Tracking # _____

Response Due: _____

Assigned to: _____

Action Taken/Response:

This issue has been addressed. Please refer to #ACC-10-inf-00077. Thank you.

K. Puckett
Respondent Signature

K. Puckett, OSA
Printed Name and Title

12/30/10
Date

Original - Offender

First Copy - File

Second Copy - Offender as Intake Receipt



Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

ORLANDO PEIZER 1184761 D2-578
Offender Name Offender Number Housing Assignment

☐ Unit Manager/Supervisor ☐ Food Service ☐ Treatment Program Supervisor
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☒ Other (Please Specify): Warden D. Braxton

Briefly explain the nature of your complaint (be specific):

I contend that at about 3 p.m. on 12-28-10 I submitted emergency grievance #088325
complaining of an open wound subsequent to an @grain wound infection at the site of a previous
ingrinal hernia repair and the emergency grievance was denied by Al Meadows RNCB or
A.C.C. which is contrary to the Policy of the Dept of Health and Safety, also A.C.A.

Offender Signature Orlando Peizer - 1184761 Date 12-28-10

Offenders - Do Not Write Below This Line

Date Received: _____ Tracking # _____

Response Due: _____ Assigned to: _____

Action Taken/Response:

This issue has been addressed. Please
refer to #ACC-10-inf-00577. Thank you.

K. Pett K. Pett, OSA 12/30/10
Respondent Signature Printed Name and Title Date

Original - Offender

First Copy - File

Second Copy - Offender as Intake Receipt



Informal Complaint

JAN - 4 2011

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

ORLANDO PEZER

Offender Name

1184761

Offender Number

D2-57B

Housing Assignment

☐ Unit Manager/Supervisor

☐ Food Service

☐ Treatment Program Supervisor

☐ Personal Property

☐ Commissary

☐ Mailroom

☐ Medical Administrator

☒ Other (Please Specify):

Warden D. Braxton

Briefly explain the nature of your complaint (be specific):

At about 5pm on 12-28-10 I was called over to Medical dept/ARC to speak with Ms. Meadows RNCB after filing an emergency grievance earlier, in which Ms. Meadows stated to-wit: "I will not sign off on any paperwork to have you return to UVA Hospital to close your wound". Ms. Meadows conduct constitutes abuse of her employment status and is cruel punishment.

Offender Signature Orlando Pezer-1184761

Date 12-28-10

Offenders - Do Not Write Below This Line

Date Received: 12-30-10

Tracking # ACC-10-inf-00577

Response Due: 1-14-11

Assigned to: Medical

Action Taken/Response:

Consult appointments are not authorized on this level.
Observation of area on this date is noted.

Respondent Signature

Printed Name and Title

Date

Original - Offender

First Copy - File

Second Copy - Offender as Intake Receipt